

STOURPORT URBAN DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

Medical Officer of Health,

FOR THE YEAR 1902,

Presented to Council Meeting, held 1st April, 1903.

GENTLEMEN,

THE STOURPORT URBAN SANITARY DISTRICT comprises the parishes of Upper Mitton and Lower Mitton, Upper Mitton having been added in 1897. Previous to 1897 Upper Mitton was part of the Droitwich Rural Sanitary District.

The area of Lower Mitton is 829 acres; of Upper Mitton 336 acres—a total area of 1165 acres.

The district overlies the new red sandstone, the subsoil being very porous, sand and gravel.

It is bounded by the Droitwich, Martley, and Kidderminster Rural Sanitary Districts, the River Severn separating it from the Martley District, the River Stour from the Droitwich District.

From Newtown and Burlish there is a gradual descent to the Rivers Severn and Stour, the land adjacent to the rivers being liable to floods. That part of the district known as Baldwin Road, Mill Road, and Summerfield Road, has water within 3 or 4 feet of the surface for most of the year, and the cellars in Summerfield Road often have subsoil water in them.

Lower Mitton includes the old town of Stourport, its shops and factories, and $764\frac{1}{2}$ acres of farm land.

Upper Mitton includes the old hamlet of Upper Mitton and Newtown, which is composed almost entirely of artisan dwellings erected within the last 30 years.

Lower Mitton is in the Kidderminster Union and Registration District. Upper Mitton remains as before 1897 in the Droitwich Union and Registration District. The Registrar lives at Ombersley, 6 miles away, and attends in the district only once a week. It would be more convenient for the inhabitants if the parish were transferred to the Kidderminster Union, but the transfer is strongly opposed by the ratepayers, chiefly landlords, because the rates of the Kidderminster are higher than those of the Droitwich Union.

Local Industries include an Iron Foundry, Carpet Factory, Tin-stamping Works, and a Vinegar Brewery, also Maltings. The water traffic is considerable, as the Staffordshire and Worcestershire Canal here joins the Severn, and gives employment to a large number of persons. There are 1,026 acres of farm land. The number of inhabited houses is 1015. The average wage is fairly high, and there is remarkably little poverty in the district.

The estimated population to the middle of the year is 4,486. 108 births—65 male, 43 female,—were registered. The birth-rate is therefore 24·1. The average birth-rate for the previous four years are: Stourport, 26; Worcestershire, 28; England and Wales, 29.

52 deaths—28 male, 24 female—were registered in the district. 8 deaths of persons belonging to the district were notified; 3 in Kidderminster Workhouse; 5 in Kidderminster Infirmary. The death-rate, corrected, is therefore 13·3. The average death-rates for the previous 4 years are: Stourport, 13·1; Worcestershire, 15; England and Wales, 17·7. At first glance the comparatively low death-rate seems to be

satisfactory. It is evident, however, on noting the causes of death that it ought to be considerably lower. No fewer than 14 deaths were due to tuberculosis, which will be referred to hereafter. This disease is well known to be preventable, and associated with the insanitary conditions so prevalent in our district.

Zymotic death rate: 3 deaths were due to Whooping Cough, 3 to Diarrhœa, and 1 to Diphtheria. The rate is therefore 1·5.

Infant Mortality: 12 deaths occurred among infants less than a year old. The rate is therefore 111. The average rates for the previous 4 years are: Stourport, 116; Worcestershire, 136; England and Wales, 157.

Infant Mortality: An excellent circular has been issued this year by the Kidderminster Corporation, approved by the Kidderminster Medical Society, on the care and feeding of infants, with a view of lessening the infant mortality. A similar circular might with advantage be issued by the Stourport District Council and distributed by the Registrar of Births or the Sanitary Committee.

Small Pox.—No case of Small Pox has been notified. Very few infants in the district are unvaccinated, and this year, owing to the scare due to Small Pox epidemics in various parts of the country, a large number of children and adults were revaccinated. Statistics prove the necessity of revaccination, and probably when the Vaccination Acts of 1898 is reconsidered in Parliament this year, revaccination of all children over 10 years old will be made compulsory.

Scarlet Fever.—22 cases of Scarlet Fever were notified. 18 were removed to hospital, and in none of these cases was efficient isolation possible. 10 were traced to previous cases, 4 to one case discharged from hospital as cured, 2 to Kidderminster, and some were probably due to school influences. Most of the cases were slight, and all recovered. At every infected house some insanitary condition was found.

Diphtheria.—8 cases of Diphtheria were notified. All were isolated at home. Two died,—a death-rate of 25%. At each infected house, except one, sanitary defects were noted, but in no case have they been satisfactorily remedied; indeed, in some instances, nothing has been done.

In my last Annual Report I wrote: In America, and in many of the larger and progressive cities and towns of this country, including some in this county, the Sanitary Authority—realising the fact that the death-rate from diphtheria is increasing—pay for the bacteriological examination of all suspicious throats, and also provide anti-toxin—the remedy which has so largely reduced the mortality of the disease—for those who are unable to afford it. I hope you will decide to do so.

In the May report for this year I wrote: “Three of these—Diphtheria—cases were examined bacteriologically as soon as possible, and the clinical diagnosis confirmed. Repeat examinations were made to determine how long they remained infective with the following results:—

Case 1—Notified, Feb. 6; clear of infection, March 17.

„ 2— „ Mar. 24; „ April 19.

„ 3— „ „ 16; still infectious on April 26.

With the exception of the first week in each instance, so far as clinical symptoms went, the patients were perfectly well all this time, and would probably till recent years have been sent to school, there, possibly, to spread the disease. Even at the present day it is hard for an uneducated person to believe that an apparently healthy child can affect others, and it is almost impossible to get them to carry out the necessary precautions.

The average cost of these bacteriological examinations and providing anti-toxin where people cannot afford to pay themselves, would be about 10s. a case. Each case of Scarlet Fever costs about £15. And yet Diphtheria is ten times more fatal than Scarlet Fever. This question is admirably

discussed in the Digest of Annual Reports of the Medical Officers of Health by the County Medical Officers of Health for 1901, pages 15 to 18.

Fever.—One case of Enteric Fever was notified. The patient was a canal boatman living in a boat. He was taken on home to Gloucester, with due precautions to prevent the spread of the disease.

One case of Puerperal Fever was notified in a back-to-back house with insanitary surroundings.

Diarrhœa, Sore Throats, and kindred diseases caused by insanitary surroundings, were common in the summer and autumn.

Tuberculosis.—10 deaths were due to Phthisis (Tuberculosis of the lungs, commonly known as Consumption), and 4 to other Tuberculous diseases. The death-rate from Tuberculous diseases is, therefore, 3·1, and from Phthisis, 2·2. This is the highest Phthisis death-rate recorded in any town in the county during the last nine years, and more than twice the average county rate. At the end of the year there were 13 known cases in the district, and probably an equal number who had not yet come under the notice of a doctor.

In my Annual Reports for 1900 and 1901 I wrote at some length on the subject of Tuberculosis, and pointed out the causes of disease in the district, and the steps that ought to be taken for diminishing the disease, none of which were adopted. I would again call your attention to this subject :—In July, 1901, a congress was held in London, under the patronage of His Majesty the King, for the purpose of discussing consumption, and devising the best means of preventing and curing it. A series of resolutions was passed, of which the following chiefly affect Sanitary Authorities :—

- I. That tuberculous sputum is the main agent for the conveyance of the virus of tuberculosis from man to man, and that indiscriminate spitting should therefore be suppressed.

- II. Every patient suffering from phthisis should be presented with a leaflet containing instructions with regard to the prevention of consumption, and should be supplied with a pocket spittoon.

In my Annual Report for 1900, such a leaflet was brought before your notice, and you were asked to have some printed, and distributed to each medical man, to be given to his consumptive patients.

- III. That the voluntary notification of cases of phthisis attended with tuberculous expectoration, and the increased preventive action which it has rendered practicable, has been attended by a promising measure of success, and that the extension of notification should be encouraged in all districts in which efficient sanitary administration renders it possible to adopt the consequential measures.

In my Annual Report for 1900 I asked you to make consumption a notifiable disease.

- IV. That the provision of Sanatoria is an indispensable part of the measures necessary for the diminution of tuberculosis.

A sanatorium has now been established in the county, of which the County Medical Officer writes:—"The site is an ideal one, and the results already obtained . . . are most encouraging."

The length of treatment varies from three to six months, but three months is the shortest time. Only cases in the early stages are admitted, for it would be misleading to the patients as well as to the subscribers to take advanced cases.

A subscription of £75 a year entitles the subscriber to the use of a bed for twelve months, of £40 for six months, of £20 for three months.

I trust you will take the question of subscribing to the Sanatorium into your serious consideration at an early date.

- V. That Medical Officers of Health should continue to use all the powers at their disposal to prevent the spread of tuberculosis by milk and meat.

I have for many years urged the establishment of a Public Abbatoir, where all meat could be properly inspected. This is impossible in present circumstances. I have also urged the necessity of a proper veterinary examination of all cows which supply milk to the public.

- VI. That in the opinion of this congress overcrowding defective ventilation, damp, and general insanitary conditions in the houses of the working classes, diminish the chance of curing consumption, and aid in predisposing to and spreading the disease.

The above-named conditions, with the exception of overcrowding, which is not common, are so prevalent in the district that it is not difficult to understand why consumption is so frequent, and why the mortality is the highest—with one exception—in the county. These conditions have been continually brought to your notice.

The value of sanatorium treatment is very considerably discounted unless measures are adopted to do away with town manufactories of consumption. If the patient has to return home and live again in circumstances which were the primary cause of his disease, it is obvious that he is very likely to become reinfected, and the money spent is, comparatively speaking, wasted.

And if expense is the great consideration, I must confess that it would be better to spend the money in preventing the disease, by improving insanitary property if possible, or by doing away with it altogether, where improvement is impossible, rather than by sending patients to the Sanatorium. Of course it would be best of all to do both.

Cancer.—3 deaths from this disease were registered.

Isolation Hospital Accommodation. — The arrangement with the Kidderminster Corporation for treating our cases of Scarlet Fever and Small Pox continues in force and has proved satisfactory. 18 cases of Scarlet Fever out of 22 notified were treated in the hospital without a death. In my last Annual Report I advised that cases of Enteric Fever and Diphtheria should also be removed to hospital, and gave my reasons for doing so.

Disinfection. — A disinfector has been erected at the Kidderminster Isolation Hospital, and can be used by persons residing out of the Kidderminster district, on payment.

Systematic Inspection.—The district has been systematically inspected, and many defects noted and remedied; others have been reported to the Council. Much sanitary work, not urgently necessary, has been postponed from year to year, until the decision of the Council, as to a sewage scheme.

In my last Annual Report I wrote :—*Dairies, Cow Sheds, and Milk-shops.*—Bye-laws, modelled on those issued by the Local Government Board, were adopted last year, but the Inspector tells me he has not yet had time to inspect and report on the places as I have requested him to do.

The Report is not yet made, for the same reason as before.

Sewerage and Drainage. — The present condition is practically the same as when the County Medical Officer reported to the County Council in 1893.

This year application has been made to the Local Government Board for a loan to enable the carrying out of a sewage scheme and in Sept., an inquiry was held by Col. Coke, M.I.C.E.

The method of sewage treatment proposed is that of broad irrigation, one that cannot fail to suggest suspicion with the unfortunate result to this district of the same method of treatment on the Kidderminster Sewage Farm mentioned

elsewhere in this report. The present sewers are chiefly brick culverts, large and leaky, without manholes or inspection chambers; are inadequately ventilated, and discharge crude sewage into the rivers. There are no sewers in Newtown, where leaky cesspits within 20 or 30 yards of the houses receive the sewage and rainwater. In wet weather these cesspits are liable to overflow, and at all times the pumping of their contents on to the soil near the houses is an intolerable nuisance. This pumping usually only takes place when the soil is already sodden and unfit to absorb the stinking liquid which is put upon it.

Sanitary Work—In my last Annual Report I wrote:—The sanitary work in the district is very unsatisfactory, and would not pass muster in any up-to-date town. The Sanitary Inspector tells me he has not the time at his disposal to properly superintend the work as he would wish, neither does the Sanitary Authority possess any apparatus for drain testing. This was ignored.

In my Report for May 7 of last year, I wrote: “I feel it necessary to protest against the casual way in which sanitary work is carried out in this district; it is nothing less than scandalous. Apparently no definite instructions are given as to what work is to be done, and it is certain no adequate supervision is given. On two occasions this month I have happened to come across workmen doing work in a most insanitary way, and seen the bad work covered in without testing, or even inspection. So long as the work is done so badly, it were almost better left alone.

This Report was never read to the Council, and was also ignored.

In the Report of July 31, I wrote: “During the past month I have had further opportunities of inspecting the standard of sanitary work done in this district, and I wish to state most emphatically that it is unsatisfactory. At present we possess no means of testing drains, and I urge the necessity, especially since you are about to adopt a sewage

scheme, of ensuring that all sanitary work is properly planned and carried out.

This Report was not read to the Council, and was also ignored.

In the Report of August 29, I wrote: "I wish to disclaim all responsibility for the insanitary condition of the district so long as my advice is ignored, or what is often worse, carried out in a way of which I do not approve."

This Report was not read to the Council, and I suppose would have been ignored the same as the others, except that a member by my request brought the matter before the Council. I consider it doubtful policy to suppress and ignore reports which call attention to unsatisfactory conditions in the district. They have always been carefully prepared, and I am always willing to prove their accuracy.

The Council have now desired a special report on this subject, which is being prepared

Excrement Disposal. — The privy midden system still prevails, though probably about 50 water closets exist, which empty directly or indirectly into the sewers. This disgusting method of excrement disposal cannot but be a nuisance, especially in hot weather, and complaints are frequently received from the householders along the line of route to the farm where the soil is deposited.

Removal and disposal of house refuse. — This is regularly and systematically removed by the servants of the Council. The ashpits are built of porous brick, which in time become permeated by putrefactive gases, and as offensive as their contents. They are usually far too large, too near the houses, and too infrequently emptied. I am convinced that they are responsible for a great deal of sickness. Properly covered ash bins of galvanized iron which will hold the refuse of a week, are the only satisfactory receptacles in an urban district, and the contents should only be removed between

the hours of 6 to 9 in the summer, and 7 to 10 in the winter. The retention of decaying animal and vegetable matter, often within a few feet of houses or public ways, is not merely a nuisance, but constitutes a distinct danger to the public. I regret to say that the refuse is still being deposited on Hartlebury Common, and it is hard to understand why neither the Ecclesiastical Commissioners (the owners) nor the Droitwich Rural Sanitary Authority take no steps to prevent this beautiful Common being used as a dumping ground for the factory and house refuse of Stourport.

Water Supply.—The chief water supply of the district is received from the works of the Kidderminster Corporation, and is remarkably good.

Six wells have been closed as polluted during the year. 684 houses are supplied with town water and 331 supplied by wells, most of which are liable to contamination.

House Accommodation.—The number of inhabited houses is 1015; four new ones have been built, and very few have been empty. There is, unfortunately, still a great deal of house property in Stourport of the back-to-back type, or houses without back door or windows. In such houses it is impossible to get a proper supply of sunshine and fresh air, and every effort should be made to close or improve them. Such houses exist in Parkes Passage, Swan Passage, Lickhill Road, New Street, Bridge Street, High Street, Lombard Street, Foundry Street, Raven Street, Engine Lane, Mart Lane, Mitton, Gilgal, Severn Road, Lion Hill, Sion Gardens, Stour Lane, York Street, and Upper Mitton,—in fact all over the district. The surroundings are generally damp, dirty and ill-paved—the houses themselves in poor repair. The back premises of many of the shops in High Street, Bridge Street, York Street, York Street, and Lombard Street are cramped and dark.

The supervision over the erection of new houses is inadequate, and the type of cottages unsatisfactory. From

time to time I have objected to the living rooms of cottagers being darkened by outbuildings, and the proximity of large middens and dustheaps, and yet new houses of the kind are being built in this district.

Slaughter-Houses.—These are in many cases too near to dwellings; they have been inspected and generally found clean. A public slaughter-house, where meat could be properly inspected before being offered for sale, would be of benefit both to the public and butchers.

Bakehouses.—A few of these are light and roomy, but several are dark and not well adapted for their purpose. They are generally kept fairly clean.

Factory and Workshops Acts.—This Act increases the work of the Inspection Department. Owing to his many duties the Inspector has been unable to do what ought to be done in visiting, reporting, measuring, and registering all plans which come under the Act.

Sanitary Inspector.—It is quite certain that this official has much more to do than he is able to perform with satisfaction to himself or to the wellbeing of the district. I hope you will think proper to so raise his salary that he will be able to relinquish his other duties and devote his whole time to sanitary work.

Kidderminster Sewage Farm Nuisance.—The very serious nuisance caused by the stench from the Kidderminster Sewage Farm, where raw sewage is deposited on land within a few hundred yards of this district, has been as pronounced this year as heretofore. Some correspondence has passed between the Council and the Kidderminster Corporation this year, but the nuisance continues unabated.

Pigstyes.—A byelaw has been approved prohibiting pigstyes nearer than 75 feet from a dwelling house or well—they are frequently too so near to a public road as to be a nuisance, and the byelaw might well have been framed

as to prevent that also, as I recommended in my last annual report and previous reports.

Streets.—The roadway of Vernon Road, Tan Lane, and Lodge Road—the last least of all—need making, curbing and channelling.

The level crossing at the Railway Station is still a source of danger and delay to the public, especially to the workpeople of Newtown hurrying to and from the factories.

The Mortuary is still insufficiently equipped.

River Pollution continues unabated.

Bye-laws, modelled on those of the Local Government Board, have been discussed but not adopted.

I am, Gentlemen,

Your obedient Servant,

E. S. ROBINSON.

Printed by order of the Council,

C. HUGH WATSON,

Clerk to the Council.

CAUSES OF, AND AGES AT, DEATH DURING YEAR 1902.

STOURPORT URBAN DISTRICT.

Causes of Death. I	Death in or belonging to whole District at subjoined Ages.						
	All ages.	Under 1 year.	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and up- wards.
	2	3	4	5	6	7	8
Whooping Cough ..	3	2	1				
*Diphtheria and Mem- branous Croup ..	1		1				
Epidemic Influenza..	1					1	
Enteritis	3	3					
†Phthisis	8				3	4	1
Other Tubercular dis- eases	4		2			2	
Cancer, Malignant Disease	3					1	2
Bronchitis	6	1	2			1	2
Pneumonia	3	1				1	1
Other Diseases of Respiratory Organs	1	1					
Alcoholism) Cirrhosis of Liver)	3					2	1
Venereal Diseases ..	1	1					
Heart Diseases ..	3					2	1
All other causes ..	12	3				2	7
All causes ..	52	12	6	0	3	16	15

*One belonging to the district died in Kidderminster Infirmary.

†Two belonging to the district died in Kidderminster Infirmary.

Jan. 17th, 1903

E. S. ROBINSON, *Medical Officer of Health*

TABLE 1.—VITAL STATISTICS OF WHOLE DISTRICT DURING THE YEAR 1902, AND PREVIOUS YEARS.

STOURPORT URBAN DISTRICT.

YEAR.	Population estimated to middle of each year.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond District.	NETT DEATHS AT ALL AGES BELONGING TO THE DISTRICT.	
		Number	Rate,*	Number	Rate per 1000 Births registered.	Number	Rate.*				Number	Rate.*
1	2	3	4	5	6	7	8	9	10	11	12	13
1892 <i>b</i>	3550	98	27.5	18	183	63	17.7				63	17.7
1893 <i>b</i>												
1894 <i>b</i>												
1895 <i>b</i>												
1896 <i>b</i>												
1897 <i>b</i>												
1898	4629	125	27	13	104	52	11.2			4	56	12
1899	4596	124	26.9	13	104	55	11.3		1		54	11.7
1900	4562	122	26.7	12	98	56	12.2			5	61	13.3
1901	4521	106	23.4	17	160	62	13.6			8	70	15.4
Averages for years 1898-1901	4577	119	26	13	116	56	12.2		.25	4	60	13.1
1902	4486	104	23.4	12	111	52	11.5				60	13.3

* Rates calculated per 1000 of estimated population.

Area of District in Acres (exclusive of area covered by water). 1.165.

Total population at all ages at Census of 1901, 4,521; Number of inhabited houses, 1185; Average number of persons per house, 3.94.

Institutions outside the District receiving sick and infirm persons from the District—Kidderminster Union Workhouse, Kidderminster Infirmary and Children's Hospital.

Is the Union Workhouse within the District? - NO

TABLE A.

ANNUAL REPORT OF MEDICAL OFFICER OF
HEALTH FOR 1902.

STOURPORT URBAN DISTRICT.

Area in Acres, 1,165.

Population (1891) 4,865.

„ (1901) 4,529.

Decrease (1891-1901) 336.

Estimated Population (1902) 4,488.

Name of Medical Officer of Health :—E. STANLEY ROBINSON.

Mortality per 1,000 of Population living during same period :—

	Birth Rate, 24.		Death Rate, 13'3.	
Zymotic Death Rate	1'5
Infantile Mortality,	111
Phthisis Death Rate	2'2
Respiratory Death Rate	2'2
Small Pox Death Rate	—
Measles Death Rate	—
Scarlatina Death Rate	—
Diphtheria and Membranous Croup Death Rate	2
Whooping Cough Death Rate	6
Fever Death Rate	—
Diarrhœa Death Rate	6
Enteritis Death Rate,	—
Cancer, Malignant Disease Death Rate,	6

	Small Pox	Measles.	Scarlatina.	Diphtheria.	Membranous Croup.	Fever.	Erysipelas.	Puerperal Fever.
Cases	22	8	..	1	4	1
Deaths	1
Hospital Cases	18
„ Deaths